



**The Trauma Exposure & Symptom Record (TESR) is an INFORMATION GATHERING RECORD only and NOT A DIAGNOSTIC TOOL. It was designed for youths and adults with intellectual and developmental disabilities (IDD). The purpose of the TESSR is to identify a person's history of trauma exposure, symptoms of trauma and related behaviors. A formal follow up evaluation may be required in order to diagnose conditions that may require treatment.**

**The TESSR can be used when collecting initial information about the person, when planning for recovery services is needed, or when there is a change in functioning of the person that may be due to previously unknown exposure to a traumatic event.**

**The TESSR has two versions, the KEY INFORMANT version and the SELF-REPORT version. It is recommended that only one version be administered. Both versions include questions about events the person has experienced that may have been traumatic (EXPOSURE items) and about conditions or behaviors the person may be exhibiting (SYMPTOM items).**

**The TESSR Key Informant Version (BLUE FORM) can be completed by a family member or caregiver who knows the person well.**

**The TESSR Self-Report Version (GREEN FORM) is designed for a person who can read or understand questions read aloud. Reading and comprehension for the Self-Report version is at about the third grade level.**

**NOTE: Scoring of the TESSR is not standardized. The purpose of tabulating the total number of items endorsed in each section is for planning or monitoring only. Any endorsed item may represent a significant concern regarding the person's experience or expression of trauma.**



# TRAUMA EXPOSURE & SYMPTOM RECORD

Client ID:

## NOTES



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<b>KEY INFORMANT – PART 1: EXPOSURE</b>		No	Yes	Don't Know
1	<b>Community Violence*</b> <i>Gang-related violence, neighborhood violence or bullying, or race-based violence.</i>			
2	<b>Financial Exploitation</b> <i>Unauthorized use of the person's financial assets.</i>			
3	<b>Physical Maltreatment or Abuse*</b> <i>Actual or attempted infliction of physical pain or bodily injury.</i>			
4	<b>Emotional Maltreatment or Abuse*</b> <i>Verbal abuse, excessive demands, intentional exclusion or ignoring.</i>			
5	<b>Neglect*</b> <i>Including physical, malnutrition, medical or educational neglect.</i>			
6	<b>Domestic Violence*</b> <i>Witnessed or experience abuse or violence in the home.</i>			
7	<b>War, Terrorism or Political Violence*</b> <i>Experience with any of these events.</i>			
8	<b>Illness or Injury*</b> <i>Acute or chronic illness or injury requiring emergency treatment, hospitalization, or extensive treatment.</i>			
9	<b>Natural Disaster*</b> <i>A serious event such as an earthquake, fire or storm that results in injury, displacement or disruption in daily living.</i>			
10	<b>Kidnapping*</b> <i>Unlawful detention against the person's will.</i>			
11	<b>Traumatic Loss*</b> <i>Death of a primary parent or caretaker, or separation due to incarceration, divorce, or deployment.</i>			
12	<b>Forced Displacement*</b> <i>Forced to move or relocate primary residence against the person's wishes, or homelessness.</i>			
13	<b>Impaired Caregiver*</b> <i>Experience with a parent or caretaker's mental illness, medical illness, or substance abuse.</i>			
14	<b>Extreme Interpersonal Violence*</b> <i>Such as homicide or suicide, or chronic exposure to violence.</i>			
15	<b>Sexual Maltreatment*</b> <i>Actual or attempted sexual molestation, rape, exploitation, trafficking or coercion.</i>			
16	<b>School Violence*</b> <i>Such as teasing, bullying, exclusion or isolation, threats of harm or actual harm.</i>			
<b>Total Number of EXPOSURE items Endorsed YES</b>				

\* These trauma categories are consistent with categories in the National Child Traumatic Stress Network's Baseline Assessment



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<b>KEY INFORMANT - PART 2: SYMPTOMS</b>		<b>Present</b>	<b>Not Present</b>	<b>Don't Know</b>
1	Physical Aggression			
2	Verbal Aggression or Threats			
3	Decline in Academic Performance			
4	Work Problems, Unemployment or Underemployment			
5	Mood Problem or Other Psychiatric Issue			
6	Property Misuse or Damage			
7	Inappropriate or Risky Sexual Behavior			
8	Withdrawn or Does Not Engage with Others			
9	Low Self-Esteem			
10	Attachment or Relationship Issues			
11	Substance Use or Abuse			
12	Elopement or Homelessness			
13	Self-Injurious Behavior (Unrelated to Suicidality)			
14	Suicidal Ideation or Attempt			
15	Sleep Disturbance			
16	Change in Personal Hygiene or Toileting			
17	Unresolved Grief			
<b>Total Number of SYMPTOM items Endorsed PRESENT</b>				



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<b>SELF REPORT – PART 1: EXPOSURE</b>		<b>No</b>	<b>Yes</b>	<b>Don't Know</b>
<b>1</b>	Have you witnessed violence in your neighborhood? Has anyone harmed you or been mean to you because of your race?			
<b>2</b>	Has anyone taken your money without permission?			
<b>3</b>	Has anyone ever hit, punched, kicked, choked or abused you?			
<b>4</b>	Have people in your home ever said things that really hurt your feelings or left you out for a long time?			
<b>5</b>	Were there ever times when you didn't have enough to eat at home, were left home alone, missed many days at school or didn't get medicine or medical care you needed?			
<b>6</b>	Have you ever seen or heard people fighting in your home?			
<b>7</b>	Did you ever live in a country where there was war?			
<b>8</b>	Have you ever had to go to the hospital or emergency room or hospital because you were very sick, hurt or injured?			
<b>9</b>	Have you ever had to leave your home or neighborhood because of a fire, storm or other natural event?			
<b>10</b>	Were you ever kidnapped or made to stay someplace against your wishes?			
<b>11</b>	Is there a family member or someone else you were close to who is not there anymore or is no longer alive?			
<b>12</b>	Have you ever lived with someone else that is not your parent? Have you ever been homeless?			
<b>13</b>	Does anyone in your home use drugs or alcohol a lot? Has your mom or dad ever gone to the doctor or hospital or take medicine because he/she is sad or angry a lot?			
<b>14</b>	Have you ever seen someone that was killed or killed themselves?			
<b>15</b>	Has anyone made you to do something sexual when you did not want to? Did anyone ever offer you food, money or a place to sleep to have sex?			
<b>16</b>	Have you been bullied, threatened or mistreated in school? Were you ever left out of school activities because of how you looked or acted?			
<b>Total Number of EXPOSURE items Endorsed YES</b>				



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<b>SELF REPORT – PART 2: SYMPTOMS</b>		<b>No</b>	<b>Yes</b>	<b>Don't Know</b>
<b>1</b>	Do you ever hurt other people on purpose? For example, kick, punch, slap or scratch someone else?			
<b>2</b>	Do you ever threaten other people or yell at them?			
<b>3</b>	If you are in school, are you having more problems than you used to?			
<b>4</b>	If you are working, are you having more problems than you used to?			
<b>5</b>	Do you feel sad or upset a lot?			
<b>6</b>	Do you break things in your home, school or work on purpose?			
<b>7</b>	Do you have sex with other people without using a condom? Do you have sex with people you don't know? Do you have sex with many different partners? Do you have sex for money?			
<b>8</b>	Do you prefer to be alone? Do you avoid people?			
<b>9</b>	Do you feel like you are a bad person?			
<b>10</b>	Do you have a good relationship with your parents or caregiver?			
<b>11</b>	Do you drink alcohol or beer too much? Do you use drugs? Does using these things cause problems?			
<b>12</b>	Have you ever run away from home? Do you sometimes have no place to sleep at night?			
<b>13</b>	Do you sometimes hurt yourself, such as cutting your own arm or bruising your own leg?			
<b>14</b>	Have you ever thought about killing yourself?			
<b>15</b>	Do you have a hard time falling asleep or staying asleep? Do you sometimes have nightmares?			
<b>16</b>	Do you sometimes forget to take a shower or a bath? Do you sometimes wet the bed?			
<b>17</b>	Do you find it hard to stop thinking about someone who has died?			
<b>Total Number of SYMPTOM items Endorsed YES</b>				



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